

FERNANDEZ & ASSOCIATES LLP
PATENT ATTORNEYS**RECEIVED**
NOV 13 2003
Original
Religious
W/D Attorney
*11/15/03***FACSIMILE TRANSMITTAL SHEET**

TO: Customer Service Technology Center 2600		FROM: Tina Ibarra	
COMPANY: USPTO		DATE: 6/10/2003	
FAX NUMBER: (703) 308-6743 5401		TOTAL NO. OF PAGES INCLUDING COVER: 2	
PHONE NUMBER:		OUR REFERENCE NUMBER: (650) 325 4999	
RE: 09/824,360 Request for Withdrawal as Attorney/Agent		OUR FAX NUMBER: (650) 325 1203	

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

In re Application of:

Wachsmann, et al.

Application No. 09/824,360

Filed: 4/2/2001

For: "Method and System for Performing OTDM"

Art Unit: 2664 2633

FAX RECEIVED
JUN 11 2003
Technology Center 2600

Dear Sir/Madam:

The following is the request for withdrawal as Attorney or agent for the above-mentioned application.

If you have any question, please feel free to contact me. Thank you very much.

Respectfully submitted,

Tina M. Ibarra

PTO/SB/83 (05-03)

Approved for use through 11/30/2005, OMB 0851-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/824,860
Filing Date	4/2/2001
First Named Inventor	Wachsman
Art Unit	2661 2633
Examiner Name	
Attorney Docket Number	Genna - 8003

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FAX RECEIVED

I hereby apply to withdraw as attorney or agent for the above identified patent application. JUN 11 2003

The reasons for this request are: NO LONGER A CLIENT Technology Center 2600

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

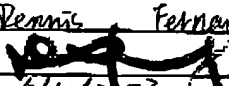
CORRESPONDENCE ADDRESS☐ Customer Number
Place Customer Number
Bar Code Label Here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Eric L. Maschaff Workman, Nydegger & Sealey				
Address	600 E. South Temple, Suite 600				
Address					
City	Salt Lake City	State	UT	Zip	84111
Country	U. S. A.				
Telephone	(801) 533-7899			Fax	(801) 321-8873

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name	Dennis Fernandez
Signature	
Date	6/10/2003

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9198 and select option 2.

*** RX REPORT ***

RECEPTION OK

TX/RX NO	5666
CONNECTION TEL	6503251203
SUB-ADDRESS	
CONNECTION ID	
ST. TIME	06/11 10:18
USAGE T	00'45
PGS.	2
RESULT	OK